

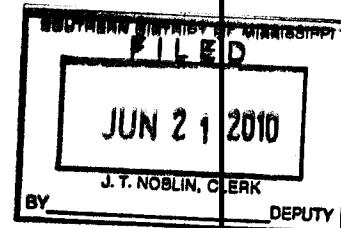
FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

DCIE Hoskins 75124E1 Post Box 14 19Leakesville ms 39451

(Enter above the full name of the plaintiff or plaintiffs and prisoner number of each plaintiff in this action)



V.

CIVIL ACTION NUMBER: 2:10-cv-155-KS-MTP
(to be completed by the Court)MRC EPPS commPenny BUEHLIN CID InvestigationCAP REEJ

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes () No ()

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): NO

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Ocie Hoskins Prisoner Number: 75/24

Address: Post Box 14 19

Leakesville ms 39451 SMCI

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: CAP LEW CAP Hillmon Lt BREWER is employed as

Post Box 14 19 Leakesville ms 39451 at SMCI

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF(S):

NAME:

Ocie Hoskins 75/24
Officer
Leakesville
Leakesville
Leakesville
Leakesville

ADDRESS:

Post Box 14 19 Leakesville ms 39451
SMCI
Post Box 14 19 Leakesville ms 39451
Post Box 14 19 Leakesville ms 39451

DEFENDANT(S):

NAME:

CAP LEW CAP Hillmon
Leaky
Leaky
Lt PORK CAP LAIRD
CAND
OFFICE Johnson
Lt RUSS CAP HENDERSON
Leaky

ADDRESS:

Post Box 14 19 Leakesville ms 39451
SMCI
Post Box 14 19 Leakesville ms 39451
Post Box 14 19 Leakesville ms 39451

Danny King SUPERintendent
OFFICE CAP Hillmon
OFFICE BREW
Leaky
Lt Ross
OFFICE Stowers

ADMINISTRATIVE REMEDIES PROGRAM

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No ()

C. Did you present the facts relating to your complaint in the administrative or grievance procedure in your institution?

Yes () No ()

1. If you answer to C is yes,

a. State the date your claims were presented: JAN 8 2010

b. State how your claims were presented. (Written request, verbal request, request for forms)

written request

c. State the result of that procedure. (You must attach a copy of the final result, such as a certificate from the administrator of the Administrative Remedies Program stating that you have exhausted your administrative remedies.)

2. If you have not filed a grievance, state the reasons: No

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

ON A POSSI BOVE DATE JAN 8 20-10 I WAS JUMP ON BY 6 GAME MEMBER
 I DID ADDRESS THIS MATT TO THE WATCH COMMAND BEFORE THIS MATT TOOK PLACE
 I TOLD THE WATCH COMMAND DONOT SEND ME BACK TO THE BUILD BECAUSE THERE IS 6
 GAME MEMBER PLAIN TO JUMP ON ME WHEN I COME BACK TO THE BUILD WHEN I WENT BACK TO THE
 BUILD THEM 6 GAME MEMBER JUMP ON ME THERE WAS A OFFICE NAME OFFICE JOHNSON PAY
 6 GAME MEMBER TO JUMP ON ME I TOLD THE WATCH COMMAND I FEEL FOR MY LIFE IF I GO BACK TO THE
 BUILD SMCI PUT MY LIFE IN DANGER I DID REQUEST FOR PC THEY STATE THEY WAS NOT GOING TO PUT
 ME ON PC THEN THE WATCH COMMAND SEND ME BACK TO THE BUILD A SECOND LATER SOON I WENT
 BACK TO THE BUILD I WAS JUMP ON BY 6 GAME MEMBER THEY KILL ME IN THE FORCE WITH THEIR FEET
 I WAS SEND TO THE HOSP I WAS THREAT BY STAFF MEMBER FEB 16 2010 I WAS JUMP ON AGAIN
 BY THEM GAME MEMBER I DID REPORT THIS TO THE STAFF THEY CAN SAY THEY DID NOT KNOW CAUSE THEY
 WAS NOTIFY BY OCIE HOSKINS 7514 THAT HE WAS JUMP ON IN THREAT BY GAME MEMBER IN STAFF
 AT SMCI
 MY RIGHT WAS VIOLATION BECAUSE I REPORT TO THE WATCH COMMAND ON JAN 8 2010
 THAT I FEEL FOR MY LIFE I WAS FORCED TO GO BACK TO THE BUILD I WAS REHOUSE BY THE WATCH COMMAND
 TO GO BACK TO THE BUILD THREW I WAS JUMP ON BY 6 INMATE I DID TOLD THE WATCH COMMAND
 IF I GO BACK TO THE BUILD I WILL GET JUMP ON.
 I'M REQUEST FOR THE COURT TO GRANT ME \$500 DAMAGES

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE FOR THE COURT TO GIVE ME [REDACTED] DOLLAR IN TIME SER ON MY SENTENCE
 IN PLACE ME ON 5 YEAR PROBATION [REDACTED] 4500 DOLLAR OR \$3000 DOLLAR TO SELL OUT IN
 TO RELEASE ME FOR PUT MY LIFE IN DANGER
 COURT FOR THE MONEY OR JUST PAY ME 1500 DOLLAR IN TIME SER IN RELEASE ME
 I'M ASK THE COURT TO PAY ME CAUSE THE PRISON VIOLATION MY RIGHT I WAS PUNISH
 TO THE HOSP THAT SAME NIGHT THEM GAME MEMBER JUMP ON ME EVER X STAFF
 AT SMCI WAS A WHILE I TRY TO BE PLACE ON PC CAUSE I FEAR FOR MY LIFE
 THEY RE-PUS TO PLACE ME IN A ONT MAN CELL I TOLD THE STAFF
 I'M NOT SAFE AT SMCI I WAS JUMP ON THE STAFF WAS WATCH TO THE 6 INMATE
 WHO JUMP ON OFFICE [REDACTED] 25 MINN BEFORE SHOT CALL SECURITY

Signed this FIRST day of JAN 8 2010

JAN 8
 2010

1/9/2010

OCIE HOSKINS
 Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true and correct.

332
 1-17 2010
 (Date)

OCIE HOSKINS
 Signature of plaintiff(s)

Ocie Hostino # 75124

SMCI-II-D2
PO Box 1419

Leakeville, MS

39451

Office of Legal Services
Inmate Legal Mail

South MS Correctional Institution

Leakeville, MS 39451

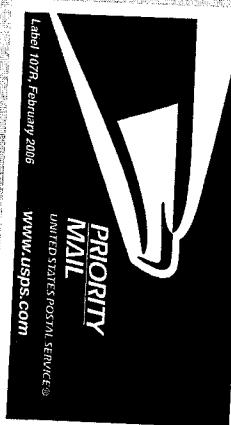
Staff Lawyer, Parole and Probation
South MS Correctional Institution
Leakeville, MS 39451
The enclosed letter has neither been opened nor inspected.
If the writer enclosed any material not pertaining to legal
business or for cases correspondence, or for writing to legal
advisors, please return the enclosure to the above
address.

RECEIVED
JUN 18 2010

Clerk, U.S. District Court
Southern District, Miss

USDC
P.O. Box 23552
Jackson, Ms. 39225

JUN 18 2010
SMCI APPROVED LEGAL MAIL



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